

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Items 13, 14 Film G377 6/10/66 mh

08518

CERTIFICATE OF DEATH

08508

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY HOWARD MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY HOWARD	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKRIDGE		c. LENGTH OF STAY IN lb	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6801 WASHINGTON BOULEVARD 21227		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKRIDGE	
3. NAME OF DECEASED (Type or print) First ARTHUR Middle B. Last CROOK		4. DATE OF DEATH JUNE 3, 1966	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	8. NEVER MARRIED DIVORCED
9. DATE OF BIRTH 10-27-1900		9. AGE (In years lost birthday) 65 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James W. Crook		14. MOTHER'S MAIDEN NAME Mary E. Quinn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 217-07-6718	
17. INFORMANT MRS. MARGARET W. CROOK, 6801 WASHINGTON BL		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1419 <i>Ca of Tongue</i> DUE TO <i>arterio sclerotic heart disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Name, form, factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from <i>Sept 1966</i> to <i>2 JUNE 1966</i> , that (I) (we) last saw the deceased alive on <i>2 JUNE 1966</i> , and that death occurred at <i>6801 WASHINGTON BL</i> , from causes and on the date stated above.		20f. (City or town) (County) (State)	
22a. SIGNATURE <i>George E. Groleau</i>		22b. DATE SIGNED <i>4 June 66</i>	
22c. PHYSICIAN'S NAME (Type) GEORGE E. GROLEAU		22d. ADDRESS 5806 MAIN STREET-ELKRIDGE	
23a. BURIAL, CREMATION, BURIAL REMOVAL (Specify)		23b. DATE THEREOF 6-6-66	23c. NAME OF CEMETERY OR CREMATORIUM ST. AUGUSTINE'S CEMETERY
24. FUNERAL DIRECTOR HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229		23d. LOCATION (City or Town) (County) (State) BALTIMORE, MARYLAND	
ADDRESS		25a. REC'D BY REGISTRAR DATE JUN 7 1966	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>

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ID HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08509

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City		c. LENGTH OF STAY IN 1b		b. COUNTY Maryland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ilchester Road			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City		
3. NAME OF DECEASED (Type or print) MARTHA JANE FAY			d. STREET ADDRESS Ilchester Road		
3. NAME OF DECEASED (Type or print) MARTHA		First JANE		Middle FAY	
3. NAME OF DECEASED (Type or print) JANE		Last FAY		4. DATE OF DEATH Sept. 15, 1876	Month June
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 89 yrs.
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1876
9. AGE (In years last birthday) 89 yrs.		10. IF UNDER 1 YEAR Months 0		11. IF UNDER 24 HRS Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) Pennsylvania	
13. FATHER'S NAME Leonard			14. MOTHER'S MAIDEN NAME Frank Fay, Ilchester Road, Ellicott City, Md		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Frank Fay, Ilchester Road, Ellicott City, Md			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7834 DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)			INTERVAL BETWEEN ONSET AND DEATH 96 hrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) Ellicott City		(County) Maryland		(State) Md	
21. I certify that (I) (this hospital) attended the deceased from 10-28, 1966 , to 6-30, 1966 , that (I) (we) last saw the deceased alive on 6-22, 1966 , and that death occurred at 8 P.M. from the causes and on the date stated above.					
22a. SIGNATURE Thomas F. Herbert, M.D.			22b. DATE SIGNED 7-1-66		
22c. PHYSICIAN'S NAME (Type) Thomas F. Herbert, M.D.		22d. ADDRESS 44 Church Rd, Ellicott City, Md			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-5-1966		23c. NAME OF CEMETERY OR CREMATORIAL Rehobeth	
24. FUNERAL DIRECTOR F.C. Mignbotham		ADDRESS Ellicott City, Md		25a. REC'D BY REGISTRAR Pricedale, Pa.	
24. FUNERAL DIRECTOR F.C. Mignbotham		ADDRESS Ellicott City, Md		25b. REGISTRAR'S SIGNATURE Charles Judge	
24. FUNERAL DIRECTOR F.C. Mignbotham		ADDRESS Ellicott City, Md		25b. REGISTRAR'S SIGNATURE J. Charles Judge	
24. FUNERAL DIRECTOR F.C. Mignbotham		ADDRESS Ellicott City, Md		25b. REGISTRAR'S SIGNATURE J. Charles Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08520

CERTIFICATE OF DEATH

08510

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rt. 3		d. STREET ADDRESS Rt. 3	
3. NAME OF DECEASED (Type or print) MARY EDITH FOX		First MARY	Middle EDITH
4. DATE OF DEATH June 22, 1966		Last FOX	Month June Day 22 Year 1966
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH 3-5-1881
9. IF UNDER 1 YEAR Months 85 yrs.		10. IF UNDER 24 HRS. Months 85 days Hours 0 min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Edward Co. Md	
11. BIRTHPLACE (County & State, or foreign country) Edward Co. Md		12. CITIZEN OF WHAT COUNTRY? Edward Co. Md	
13. FATHER'S NAME B. Franklin Keyes		14. MOTHER'S MAIDEN NAME Annie Sykes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Charles C. Fox, Rt. 3, Ellicott City, Md		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201		INTERVAL BETWEEN ONSET AND DEATH west	
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic cardio-vascular dis.		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Piney Woods		20f. (City or town) (County) (State) Baltimore	
21. I certify that (I) (this hospital) attended the deceased from May 23, 1966 to June 23, 1966 that (I) <input checked="" type="checkbox"/> last saw the deceased alive on May 23, 1966 , and that death occurred at Ellicott City, Md , from the causes and on the date stated above.		22d. DATE SIGNED 6/23/66	
22a. SIGNATURE Certified by		22b. ATTENDING MED. STAFF D.P. PHYS. DIRECTOR STAFF PHYS. <input checked="" type="checkbox"/> <input type="checkbox"/> 22d. ADDRESS Christian S. Mass, M.D.	
22c. PHYSICIAN'S NAME (Type) Ellicott City, Md		23d. LOCATION (City, town or county) Ellicott City, Md	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 6-25-1966	
23c. NAME OF CEMETERY OR CREMATORY St. Johns		23d. LOCATION (City, town or county) Ellicott City, Md	
24. FUNERAL DIRECTOR F.C. Miginbotham, Ellicott City, Md		25a. REC'D BY REGISTRAR Charles Judge	
ADDRESS Ellicott City, Md		25b. REGISTRAR'S SIGNATURE JUN 27 1966	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08521

CERTIFICATE OF DEATH

08511

1. PLACE OF DEATH a. COUNTY Howard		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessup		c. LENGTH OF STAY IN 1b MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Howard	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Guilford Road		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessup		d. STREET ADDRESS Guilford Road		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First MELVIN	Middle RUBIN	Last KNISLEY	4. DATE OF DEATH JUNE 16 1966	Month JUNE	Day 16	Year 1966		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1900 August 23, 1900	9. AGE (In years at birthday) 65 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY general construction		11. BIRTHPLACE (County & State, or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME David Rubin Knisley		14. MOTHER'S MAIDEN NAME Daisey Holmes							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> If yes give war or date of service no		16. SOCIAL SECURITY NO.		17. INFORMANT Mary L. Knisley, Guilford Road, Jessup, Md		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 161X Conditions, if any, which gave rise to immediate cause (a), stating the underlying causa leti. } DUE TO (b) metastatic ca. involving lungs		Henry Knisley 1 yr.							
} DUE TO (c) Coronaria larynx 3 yr.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Metastatic carcinoma - lungs.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Savage	(County) Howard	(State) Maryland			
21. I certify that (I) (this hospital) attended the deceased from..... 10/15, 1963 to..... 6/16, 1966, that (I) (he) last saw the deceased alive on..... 6/16, 1966, and that death occurred at..... M, from the causes and on the date stated above.									
22a. SIGNATURE Robert G. Chamber		M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED July 1966		
22c. PHYSICIAN'S NAME (Type) Robert G. Chamber		22d. ADDRESS 836 Park Av. Bldg. 7							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF June 20, 1966	23c. NAME OF CEMETERY OR CREMATORIUM Savage Cemetery		23d. LOCATION (City, town or county) Savage, Maryland	(State)				
24. FUNERAL DIRECTOR'S SIGNATURE De Witt Donaldson Laurel Md		ADDRESS		25a. REC'D BY REGISTRAR DATE JUN 27 1966	25b. REGISTRAR'S SIGNATURE Charles Judge				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08522

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08512

To DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PN3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Howard MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland Howard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Simpsonville		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Freetown Road, Box 34		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Deborah Denice Kosh		4. DATE OF DEATH June 20 1966	
5. SEX Female Colored		6. COLOR OR RACE 7. MARRIED WIDOWED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		8. DATE OF BIRTH Feb. 4, 1966	
10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years lost birthday) yrs. 4 Months	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Irvin Wilson		14. MOTHER'S MAIDEN NAME Delores Kosh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Delores Kosh		Address Same as item #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3912 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO lost. (c) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> Address (Street, city, town, or county)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 6/22/66	
23c. NAME OF CEMETERY OR CREMATORIAL Hopkins Chapel		23d. LOCATION (City or Town) (County) (State) Highland, Md.	
24. FUNERAL DIRECTOR Robert L. Snowden		ADDRESS Rockville, Md.	
25a. JUN 23 1966		25b. REGISTRAR'S SIGNATURE Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08523

08513

CERTIFICATE OF DEATH

TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the attending physician or attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH

a. COUNTY

HOWARD

MARYLAND

b. CITY OR TOWN (If out of corporate limits, write RURAL and give nearest town)

ELLIOTT CITY

c. LENGTH OF STAY IN 1b

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

TAYLOR MANOR HOSPITAL

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

5. SEX

6. COLOR OR RACE

MALE

WHITE

7. MARRIED NEVER MARRIED

8. DATE OF BIRTH

8-6-93

JUNE 20 19 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (County & State, or foreign country)

INSURANCE AGENT

New York Life

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Ernest

Kraus

BALTIMORE, Md.

Bertha Mohlhenich

Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service)

Yes

World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

216-28-5845 Mrs. Catherine E. Kraus, same address as above

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Cerebral Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

5 days

MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Pulmonary Emphysema

8nknown

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year

Hour e.m.

p.m.

White

Not White

el work al work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from 6/12 19 66 to 6/20 19 66 that (I) (we) last saw the deceased alive on 6/20 19 66 and that death occurred at 3A M, from the causes and on the date stated above

22e. SIGNATURE

Stephen Lee Magness

22c. PHYSICIAN'S
NAME (Type)

STEPHEN LEE MAGNESS, M.D.

M.D.

ATTENDING
PHYS.MED.
DIRECTORSTAFF
PHYS.22b. DATE
SIGNED

22d. ADDRESS

TAYLOR MANOR HOSPITAL

23a. BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

Burial 6/22/1966

23c. NAME OF CEMETERY OR CREMATORIAL

ADDRESS

Lakeview Memorial Pk Cemetery

23d. LOCATION (City, town or county)

(State)

Carroll Co., Maryland

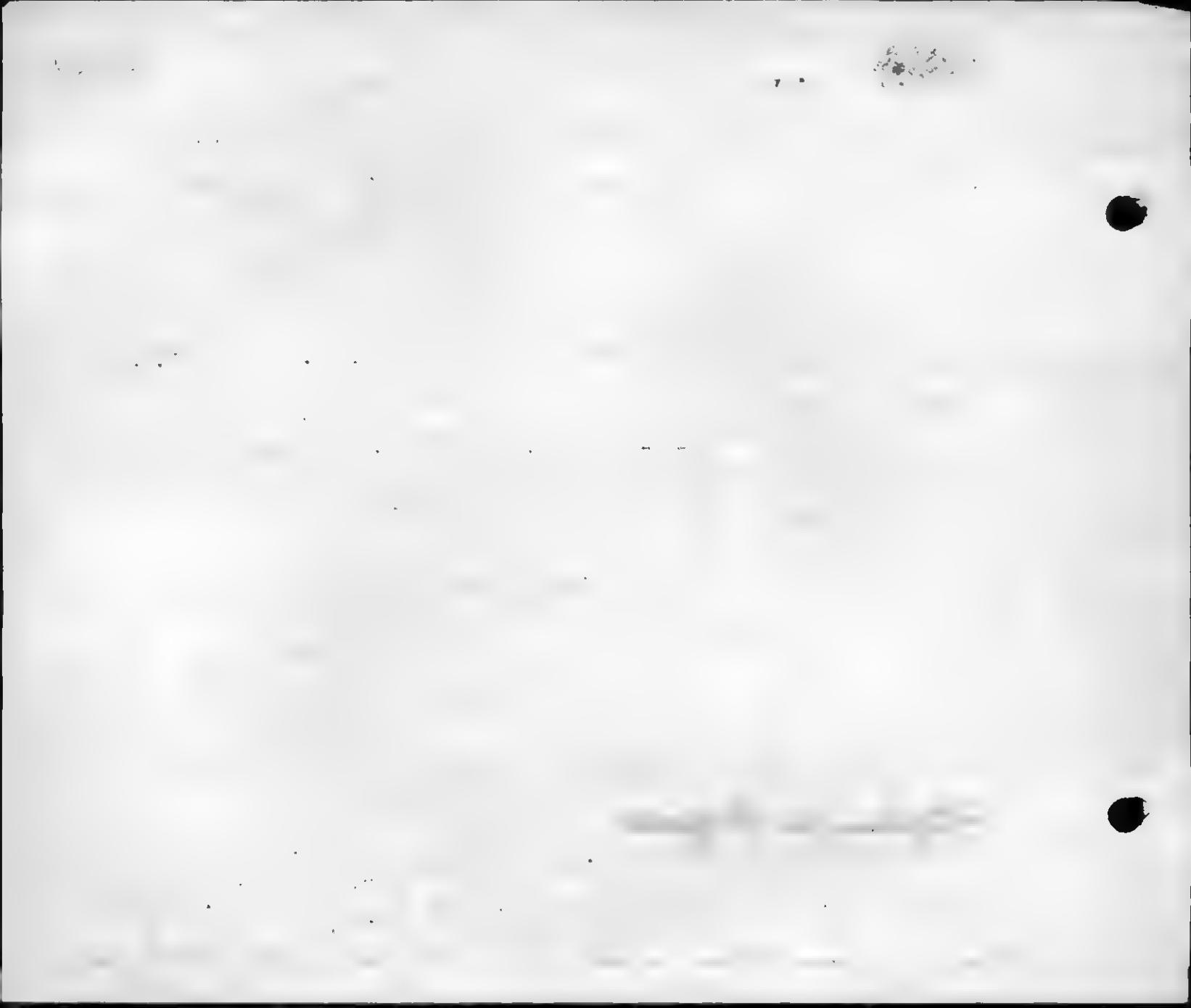
24. FUNERAL DIRECTOR'S SIGNATURE

Wm. J. Tichon & Sons north of Pa.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE JUN 21 1966 Charles Judge

VR A15 14,
15M 7 61



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

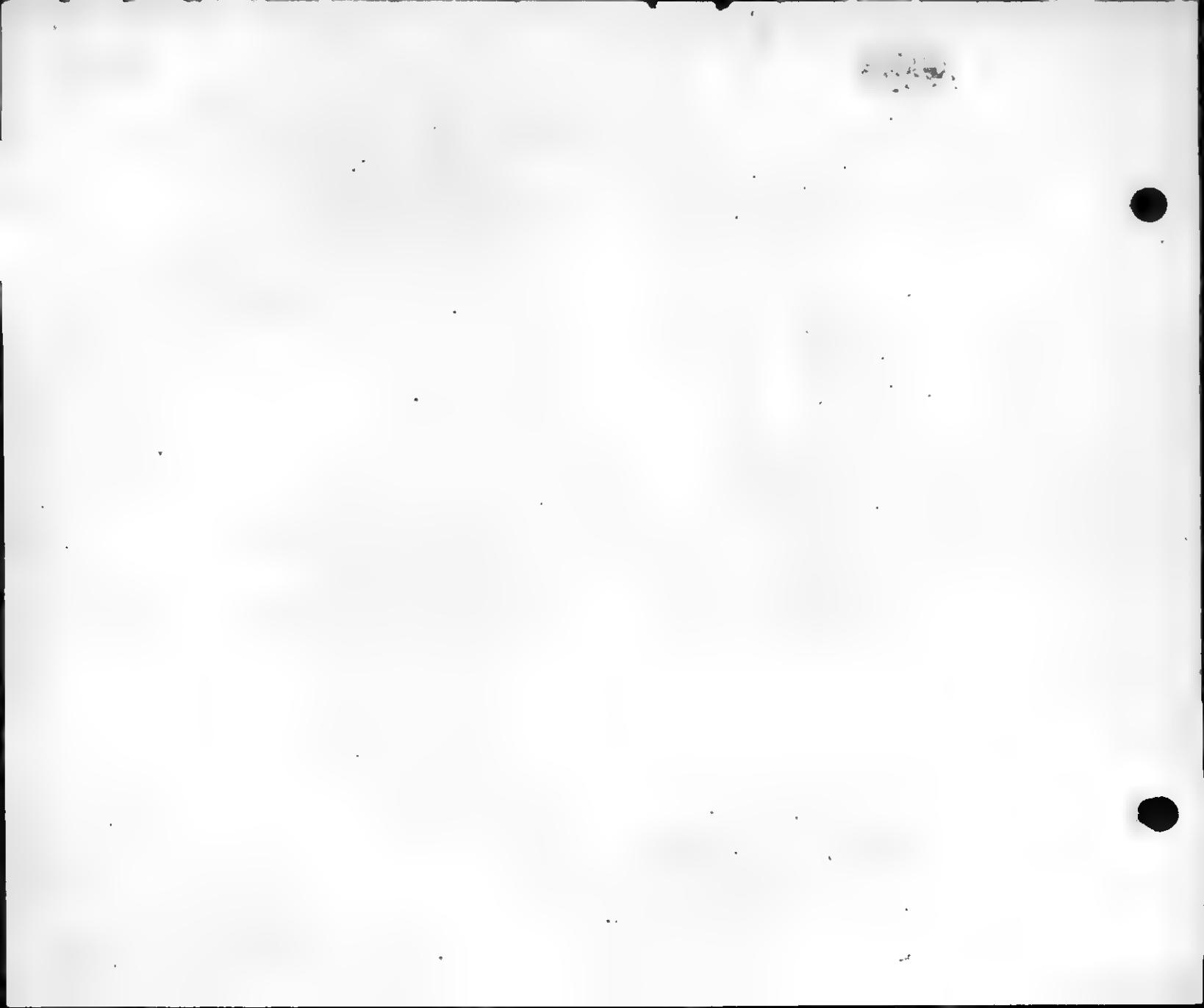
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH #08514
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08524

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Howard		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Ellicott City		c. LENGTH OF STAY IN 1b MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Howard											
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 241 Montgomery Road		e. STREET ADDRESS 117 McAlpine Drvie		f. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		g. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Ellicott City		h. DATE OF DEATH June 22 1966											
3. NAME OF DECEASED (Type or print)	First Abbie	Middle Parlett	Last	4. DATE OF DEATH Oct. 14, 1874	Month 91	Day yrs.	5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9. AGE (in years last birthday) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Howard County	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Edmund Scott	14. MOTHER'S MAIDEN NAME Emily Gamble	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Ralph Parlett 720 Crestleigh Rd. Ellicot	Address City
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.		Cerebral Vascular accident		DUE TO (b) DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)									
21. I certify that (I) (this hospital) attended the deceased from <u>June 9, 1966</u> to <u>June 22, 1966</u> , that (I) (we) last saw the deceased alive on <u>June 20, 1966</u> , and that death occurred at <u>12:30 M</u> , from the causes and on the date stated above.		22a. SIGNATURE E.P. Williamson		22b. DATE SIGNED 6/22/66		22c. PHYSICIAN'S NAME (Type) E.P. Williamson		22d. ADDRESS M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> M.D. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> Professional Arts Bldg Baltimore		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF June 24, 1966		23c. NAME OF CEMETERY OR CREMATORIAL St. Johns		23d. LOCATION (City, town or county) Ellicott City		(State)	
24. FUNERAL DIRECTOR Harry H. Witzke Columbia Pike Ellicott City Md.		ADDRESS		25a. REC'D BY REGISTRAR JUN 23 1966		25b. REGISTRAR'S SIGNATURE Charles Judge		DATE											



1 M
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08525

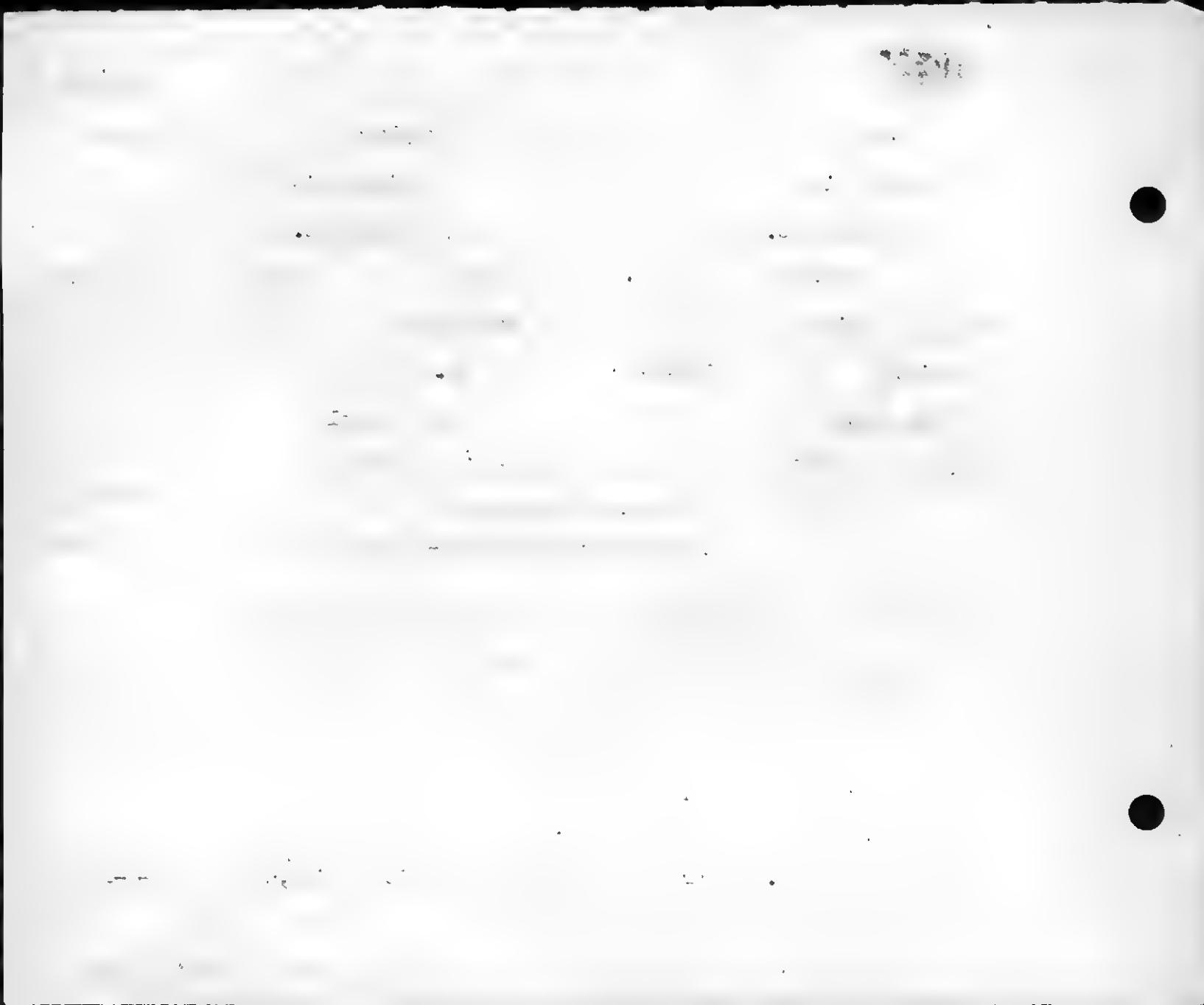
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18515

TO DEPUTY MEDICAL EXAMINER: This certificate shall be executed within 24 hours after death. If any delay occurs, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City		b. COUNTY Howard	
c. LENGTH OF STAY IN 1b Ellicott City		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 134 College Ave.		d. STREET ADDRESS 134 College Ave.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Joseph	Middle J.	Last Upman
4. DATE OF DEATH	June 5	Month	Day Year 1966
5. SEX	6. COLOR OR RACE male white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	9. AGE (In years last birthday) 73 yrs.	11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME John Upman	14. MOTHER'S MAIDEN NAME Anna Bezdol		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. WHA ?	17. INFORMANT JULIA UPMAN	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) t201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)		INTERVAL BETWEEN DEATH AND DEATH Instant	
DUE TO Arteriosclerotic cardio-vascular disease		5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> ACTUAL SIGNATURE <i>George E. Burgtorf</i>			
EXAMINER'S NAME (Type) George E. Burgtorf		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	22. DATE SIGNED 6-6-1966
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE THEREOF 6/9/66	23c. NAME OF CEMETERY OR CREMATORIAL BALTO. NATIONAL	23d. LOCATION (City, town or county) (State) ELICOTT CITY, MD
24. FUNERAL DIRECTOR F. S. MACNABIB	ADDRESS 301 FREDERICK RD 21228	25a. REC'D BY REGISTRAR JUN 7 1966	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08526

CERTIFICATE OF DEATH

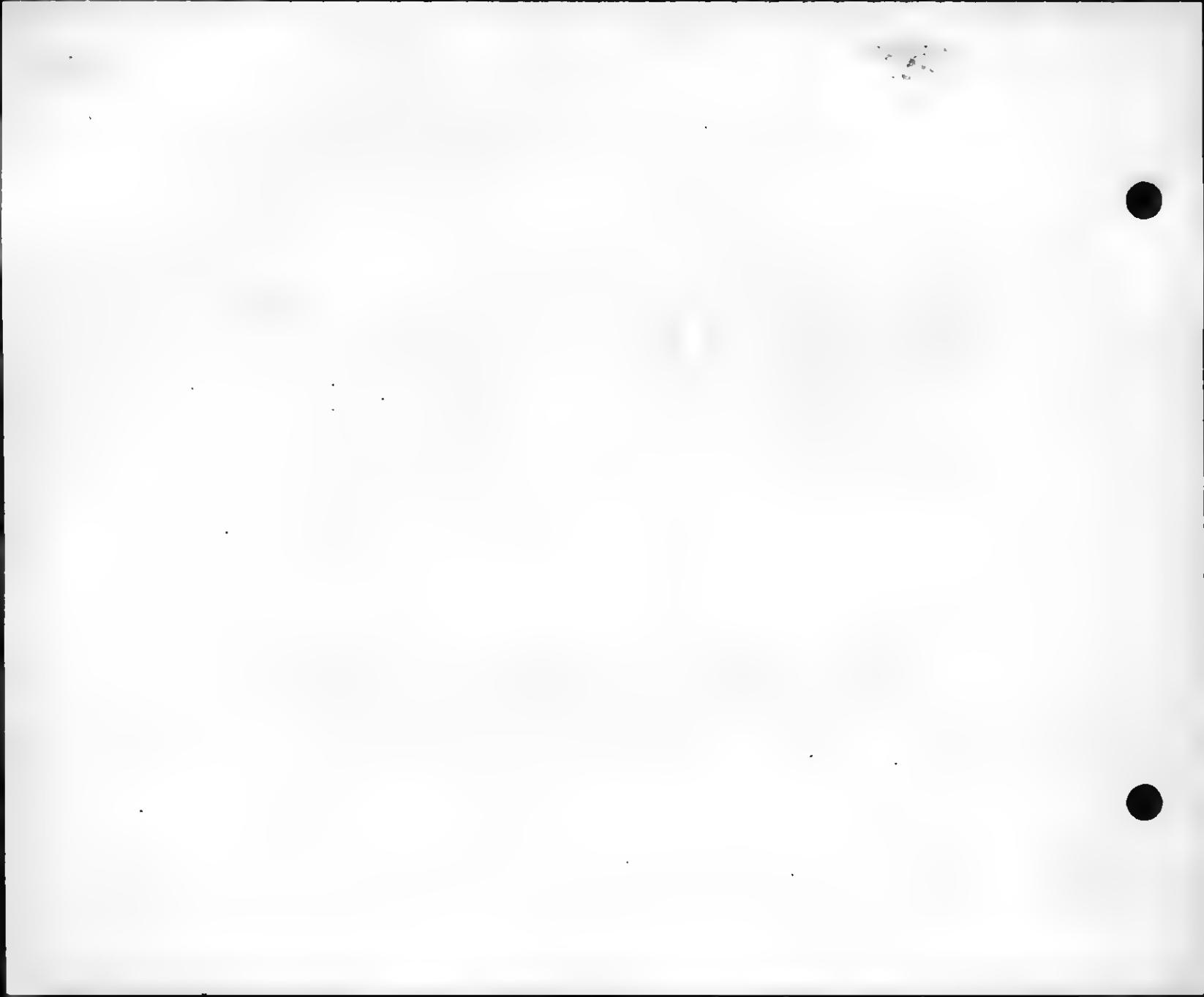
08516

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE	
Harvard MARYLAND		Penn.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		b. COUNTY	
Jessup		Fayette	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
2 mos.		Belle Vernon	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
44 B Pine Tree Road		325 Water Street	
3. NAME OF DECEASED (Type or print)		First	Middle
GENEVIEVE MARIE WALTERS			
3. NAME OF DECEASED (Type or print)		Last	4. DATE OF DEATH
GENEVIEVE MARIE WALTERS		June 29	1966
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
F		W	Feb 25 1912
8. DATE OF BIRTH		9. AGE (in years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Min.
8. DATE OF BIRTH		54 yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Harrisburg Pennsylvania	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph Burton		Isabelle Walters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT
No			Mrs. John B. Walters, Address Belle Vernon Pa.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			
170X DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.			
(b) DUE TO Carcinoma L. Breast 2 yrs -			
(c) DUE TO Adenocarcinoma 2 yrs -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
Hypertension, Obesity			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
19			20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 3/15 1966 to 6/29 1966, that (I) (we) last saw the deceased alive on 6/29 1966, and that death occurred at 4:30 P.M. from the causes and on the date stated above.		22b. DATE SIGNED	
22a. SIGNATURE		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
J. M. Warren		L. G. Givell	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF	
Burial July 2, 1966		23c. NAME OF CEMETERY OR CREMATORIAL	
23d. LOCATION (City, town or county) (State)		Belle Vernon Pa.	
24. FUNERAL DIRECTOR		25a. ADDRESS	
DeWitt Danaeian Laurel Md.		25b. REGISTRAR'S SIGNATURE	
25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
DATE JUL 7 1966		Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1
FOR STATE
HEALTH DEPT.

08527

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

118517

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If 24 hr. delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health as its designated agent, prior to burial, cremation, or removal, and in only one (1) copy within 72 hours after death.

1. PLACE OF DEATH a. COUNTY HOWARD		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage		c. LENGTH OF STAY IN 1b 304 Foundry Avenue	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore - Rural		d. STREET ADDRESS 304 Foundry Avenue	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 304 Foundry Avenue		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EDWARD		First C.	Middle WHEELER
4. DATE OF DEATH June 4 19 66		Month June	Day 4
5. SEX Male		6. COLOR OR RACE White	7. MARRIED WIDOWED
8. NEVER MARRIED <input checked="" type="checkbox"/>		9. DATE OF BIRTH 12-31-08	10. AGE (In years last birthday) 57 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator earth moving		10b. KIND OF BUSINESS OR INDUSTRY Metall Wheeler	11. BIRTHPLACE (State or foreign country) Savage Md
13. FATHER'S NAME John N. Wheeler		14. MOTHER'S MAIDEN NAME Eva Cullum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no		16. SOCIAL SECURITY NO. 212-16-6327	17. INFORMANT Metall Wheeler
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 976 X		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause lost. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Apparently shot self	
20c. TIME OF INJURY Month, Day, Year Hour a.m. ? p.m. 6 - 4 19 66		20d. INJURY OCCURRED While <input type="checkbox"/> At work <input type="checkbox"/> <input checked="" type="checkbox"/> At work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
20f. (City or town) Baltimore, Howard, Md.		(County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Rudiger Breitenecker, M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> Address (Street, city, town, or county)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 6-6-66	23c. NAME OF CEMETERY OR CREMATORIAL Savage Cemetery
23d. LOCATION (City or Town) Savage Howard Md.		(County) (State)	
24. FUNERAL DIRECTOR DeWitt Funeral Home Laurel Md.		25a. REGD BY REGISTRAR JUN 9 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay necessary, please execute one certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
1. PLACE OF DEATH a. COUNTY Howard MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick							
c. LENGTH OF STAY IN 1b											
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Harmon's Boarding Home				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print)			First JOSEPH	Middle DOYLE	Last WRIGHT	4. DATE OF DEATH June 26, 1966		Month 19	Day 19	Year 19	
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1884		9. AGE (In years last birthday) 81	10. FUNDER 1 YEAR Months 81	11. FUNDER 24 HRS Days 0	12. HOURS Hours 0	13. MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Pikesville, Md			12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. 220-09-5240		17. INFORMANT Mrs. Ray T. Fitzwater, Same		Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic cardio vascular disease INTERVAL BETWEEN ONSET AND DEATH 5 years											
4221 DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.O. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>											
22. DATE SIGNED Thomas F. Herbert 6-26-66											
EXAMINER'S NAME (Type)				23. NAME OF CEMETERY OR CREMATORIAL REMOVAL (Specify) Burial 6-29-1966							
23b. DATE THEREOF				23c. LOCATION (City, town or county) Baltimore, Md							
24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md				25a. REC'D BY REGISTRAR DATE JUN 28 1966							
				25b. REGISTRAR'S SIGNATURE Charles Judge							

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